8582

08587 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 365 W. Main

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) EDWARD (Last) Ash
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Married	1-14-1927	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired.)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Auto Factory	Elkton Md.	U.S.A.

13. FATHER'S NAME: Steven Ash.
14. MOTHER'S MAIDEN NAME: Nancy Dorsey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes. W.W. II	217-22-4638	Steven Ash, 363 W. Main Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
816X Immediate cause	(a) Compound Fracture Rt skull.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Depressed Fracture Lower Jaw.	
	DUE TO (c) & Lacerations	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. (City or town) (County) (State)
	Route 40	Elkton RD Cecil Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
9 3 1955 6 P.M.		Auto hit back of truck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dockron M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 7 1955	Cherry Hill Cemetery	Cherry Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 4	J R Frazer	Pepper Funeral Home	Elkton, Md

Dr. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Eliz. Brown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8583 **CERTIFICATE OF DEATH**

08588

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (First) Elizabeth (Middle) Sarah (Last) Brown

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: April 21, 1883 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Hood

14. MOTHER'S MAIDEN NAME: Emma-?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Melvin L. Watts-Chesapeake City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

IMMEDIATE CAUSE (A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 Sept, 1955 to 18 Sept, 1955, that I last saw the deceased alive on 17 Sept, 1955, and that death occurred at 12.55 A.M., from the causes and on the date stated above.

SIGNATURE Klaus H Hansen M. D. ADDRESS North E. St, Md DATE SIGNED 18 Sept '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/21/55 | NAME OF CEMETERY OR CREMATORY Ebenezer Cem. | LOCATION (City, town, or county) (State) Bohemia Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 19 | REGISTRAR'S SIGNATURE H Frazer | 24. FUNERAL DIRECTOR Edw K Bell ADDRESS Welsh, Del.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08589

8584

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 16 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cecilton
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) W (Last) CAHALL

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 18 1897

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ira Wyatt

14. MOTHER'S MAIDEN NAME: Joanna Donaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: William Cahall Cecilton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Thrombosis — 2 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to Sept 9, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE Allan R. Cruchley M. D. ADDRESS Middletown Del DATE SIGNED 9-10-53

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 12 1953
NAME OF CEMETERY OR CREMATORY: Templeville Cem.
LOCATION (City, town, or county) (State): Templeville Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 12
REGISTRAR'S SIGNATURE: H R Frazier

24. FUNERAL DIRECTOR: Edward Pellour ADDRESS: Millington Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8585

CERTIFICATE OF DEATH

08590
Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 21

3. NAME OF DECEASED: (Type or Print) (First) EVELYN (Middle) D. (Last) CLARK

4. DATE OF DEATH: (Month) Sept (Day) 12 (Year) 1955

5. SEX: F
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Aug 14, 1904
9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Dessel
14. MOTHER'S MAIDEN NAME: Mary C. Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Rene Clark 210 E. Main St, Elkton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) METASTATIC CARCINOMA OF BREAST — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) CARCINOMA OF BREAST — 2 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to Sept. 12, 1955, that I last saw the deceased alive on Sept 11, 1955, and that death occurred at 8 A.M., from the causes and on the date stated above.
SIGNATURE Hen Davis M. D.
ADDRESS Chesapeake City, Md
DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 15, 1955
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Nr. Chesapeake City, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 12
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR Pepper's Funeral Home
ADDRESS Elkton, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08591

8586

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Caddie (Middle) Burris (Last) Clayton

4. DATE OF DEATH (Month) (Day) (Year) September 4 1955

5. SEX F

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 8/11/1872

9. AGE last birthday 83 yrs.
If under 1 year Months Days
If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY House Work

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mathew Rash

14. MOTHER'S MAIDEN NAME Mary Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. E. Nelson Cooling Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Senility — Interval Between Onset and Death: Several

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 19 55, to Sept 5, 19 55, that I last saw the deceased alive on Sept 5, 19 55, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE Stan Thomas M.D. (Degree or title) ADDRESS Chesapeake City Md DATE SIGNED 9/7/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-7-55

NAME OF CEMETERY OR CREMATORY St Georges Cemetery

LOCATION (City, town, or county) (State) R.D. St. Georges Del

DATE REC'D BY LOCAL REG. Sept 7

REGISTRAR'S SIGNATURE H Frazier

24. FUNERAL DIRECTOR ADDRESS Pippin Funeral Home Elkton, Md.

Per W. A. Lumsby

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

8596

08592 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Calvert X
LENGTH OF STAY (in this place) 2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peaceful Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural X
STREET ADDRESS Fairhill (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) PATRICK (Last) COCORAN

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Single	5-7-68	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Penna.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Corcoran	Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none	John J. Corcoran Elkton RD md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-20-1955	Catholic	Elkton, Cecil Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 19	L M Worthington	Joseph R. Grant	North East Md

8597

08593
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) ALVIN (Middle) R (Last) DOWNHAM
4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 8-5-1900
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Tan Yard
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Downham
14. MOTHER'S MAIDEN NAME: Laura Loyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-07-1398
17. INFORMANT & ADDRESS: Mrs Brooks Allen, Elkhills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/26/55	Cherry Hill Cemetery	Cherry Hill	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 26	F R Fraser	Pippin Funeral Home	Elkton Md

Per W. C. Landry

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8587

08594

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Y. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New York 69X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dalton (Middle) A. (Last) DWYER

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single 8. DATE OF BIRTH: Oct 24, 1898 9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lawyer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albany N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin J. Dwyer
14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Martin Dwyer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Pistula Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of Colon with — 1 year

DUE TO (C) Metastasis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 19 55, to Sept 17, 19 55, that I last saw the deceased alive on Sept 17, 19 55, and that death occurred at 4:30 P M, from the causes and on the date stated above.

SIGNATURE Geo. T. Toms M. D. ADDRESS Chesapeake City Md DATE SIGNED 9/07/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/21/55
NAME OF CEMETERY OR CREMATORY Dale of Heaven
LOCATION (City, town, or county) (State) New York, N.Y. (Kent Co.)

DATE REC'D BY LOCAL REGISTRAR Sept 17
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Pyppin Funeral Home ADDRESS Elkton Md

D-4-55.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08595

8598

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colora, Rural
LENGTH OF STAY (in this place) 1 Yr. 6 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Page
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Luray 07X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) Hulings (Last) Edwards

4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-27-1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Hulings

14. MOTHER'S MAIDEN NAME: Elizabeth Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Harvey R. Buck, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Myocarditis — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954, to 9-28, 1955, that I last saw the deceased alive on 9-28, 1955, and that death occurred at 7:45 Pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Port Deposit Cecil Md DATE SIGNED 9-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-1-1955 — NAME OF CEMETERY OR CREMATORY: Parsons City Cemetery — LOCATION (City, town, or county) (State): Parsons, West Va.

DATE REC'D BY LOCAL REGISTRAR: 9-29-55 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: R. W. Patterson & Son ADDRESS: Perryville, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08596

8588

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 21 ELKTON
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND Delaware COUNTY CECIL Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IRONXXHILL STATION Newark
STREET ADDRESS (If rural, give location) ELKTON, MD. RFD P.O. Box 173

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) GIRL (Last) ELSWICK

4. DATE OF DEATH (Month) SEPT. (Day) 10 (Year) 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH SEPT. 10, 1955

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JOHN ELSWICK

14. MOTHER'S MAIDEN NAME BETTY F. GOODS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS BLANCHE HARVEY BOX 173 NEWARK, DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) prematurity

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5½ mos pregnancy - Wt 2lbs 2oz

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifton R. Brooks, M.D. ADDRESS Newark, Del. DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE SEPT. 13, 1955
NAME OF CEMETERY OR CREMATORY NEWARK CEM.
LOCATION (City, town, or county) NEWARK (State) DEL.

DATE REC'D BY LOCAL REG. Sept 12
REGISTRAR'S SIGNATURE H Fraser

24. FUNERAL DIRECTOR R.T. Jones ADDRESS Newark, Del.

2095141260

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08597

8599

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 2 mo. 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harrisburg 75 x-3
STREET ADDRESS (If rural give location) 2027 No. 5th

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) GEIGER
4. DATE OF DEATH (Month) (Day) (Year) September 22 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9-29-1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Tech-
10B. KIND OF BUSINESS OR INDUSTRY: Naval Supply Depot
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: nician Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: V.A. Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X IMMEDIATE CAUSE (A) Pneumonia, lobar, left lower lobe, — 3 to 5 days
ANTECEDENT CAUSE (S) DUE TO unresolved
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary sclerosis, severe — unknown
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, severe — unknown

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-1, 1955, to 9-22, 1955, that I last saw the deceased alive on ..... and that death occurred at 10:15 A M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M. D.
ADDRESS V.A. Hospital, Perry Point Md.
DATE SIGNED 9-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 9-23-55
NAME OF CEMETERY OR CREMATORY Rolling Green
LOCATION (City, town, or county) (State) Harrisburg, Pa.

DATE REC'D BY LOCAL REGISTRAR 9-23-55
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

8600

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08598

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Perry Point
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 3V01-4
STREET ADDRESS (If rural give location): 1740 E. Baltimore Street ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) L. (Last) GOODE

4. DATE OF DEATH: (Month) September (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-11-1876

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist-Ret.

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Silas Goode - Deceased

14. MOTHER'S MAIDEN NAME: Nancy Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes ✓ (If Yes, give war or dates of service): Spanish

16. SOCIAL SECURITY NO.: 234 22 5132

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION — American

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (420.1)	(A) Pulmonary congestion & edema, right	2 days
ANTECEDENT CAUSE (S) DUE TO	(B) Coronary arteriosclerosis, severe	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Cardiac hypertrophy and fibrosis, severe	unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, severe — unknown

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 8-13, 1955, to 9-6, 1955 [illegible] alive on [illegible] and that death occurred at 4:45A M, from the causes and on the date stated above.

SIGNATURA [illegible] ADDRESS DATE SIGNED

W. OPPLER, Chief, Professional Services M. D. VAH, Perry Point, Md. 9-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 9-6-55 — NAME OF CEMETERY OR CREMATORY: Gilpin Manor Memorial — LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-7-55 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, Havre de Grace, Md.

8589

08599 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (In this place) 15 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford. 75 x 3; STREET ADDRESS (If rural, give location) 428 Hodgson.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Rose	Grason	9	14	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Married	5-18-1894	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard.	P.R.R.	Sylmar. Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. W Grason	Rachel Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT'S NAME AND ADDRESS
no		Rachel Grason 428 Hodgson St Oxford Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Rt side of Skull, Crushed — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chest Rt side Lacerated Rt side

DUE TO

(c) of neck & left ankle. Rt upper Arm.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OFFICE street, office bldg., etc., INJURY)	21c. (City or town) (County)	(State)
	Route 40	North East Cecil	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
9 14 55 6:30 A.M.	On way to work	Sit & Truck at Red light

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 17 1955	Oxford Cemetary	Oxford Chester Co Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept 15	A Frazer	Ralph M Reed Rising Sun, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08600

8671

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X North East Rural — LENGTH OF STAY (in this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural North East X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: -	STREET ADDRESS (If rural give location): - /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Chester	-	Gregg	Sept. 29 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	May 9, 1881	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
no information	Mary Jane Gregg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	218-32-2086	Mamie R Gregg North East Rd 2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	4 years
	(c) Arteriosclerosis generalized	4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/29, 1955, to 9/29, 1955, that I last saw the deceased alive on 9/29, 1955, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Irvin L. Wachsmuth M.D.	Havre de Grace, Md	10/1/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 2, 1955	Moore's Chapel	Elkton Rd. Cecil Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 4	H R Frazer	Joseph R Grant North East Maryland

86-2

08601
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill
LENGTH OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.J. COUNTY Burlington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverton 67x-3
STREET ADDRESS 425 Thomas Ave (If rural, give location)

3. NAME OF DECEASED: (First) MARIAN (Middle) E (Last) GREEN
(Type or Print)

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH: 9-23-1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middletown Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Albin Clever

14. MOTHER'S MAIDEN NAME: Martha Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hiriam Poncil, Cherry Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Acute Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. le Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept 6/55 — NAME OF CEMETERY OR CREMATORY Arlington Cem — LOCATION (City, town, or county) Upper Darby — (State) Pa

DATE REC'D BY LOCAL REG. Sept 1 — REGISTRAR'S SIGNATURE H B Bragunier

24. FUNERAL DIRECTOR Pippin Funeral Home — ADDRESS Elkton Md
W. W. Pippin

86 '3

08602 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charleston 85 x 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
DONALD FRANKLIN HANCOCK	9 3 1955	M.	White	Single	Aug 11, 1934	21 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Motor assembly	Charleston W. Va.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Albert Henry Hancock	Earnett Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes Navy	236-50-2675	Mrs. Stephen Ash - Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

814X
Immediate cause (a) Fractured neck Crushed left side
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cont. Compound Fracture of Rt
DUE TO
(c) Femur Fracture of left femur. Multiple Lacerations & Contusions

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. (City or town) (County) (State)
	Road #40	Elkton RD. Cecil Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
9 3 1955 P M.		Pas. when car hit back of truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDockon M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Sept 4/55		Charleston W. Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 4	H R Brazier	Upperman Funeral Home J. H. Upperman	Elkton Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

86^4

CERTIFICATE OF DEATH

08603

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rising Sun Rural
LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Rural X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) J.(only) (Middle) Willis (Last) Hathaway

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct.9,1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper

10B. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Canandaigua,N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Edward Hathaway

14. MOTHER'S MAIDEN NAME: Isabelle VanGelden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-32-2687

17. INFORMANT & ADDRESS: Mrs.J.W.Hathaway Rising Sun,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — 5 yrs
DUE TO (C) Chronic Myocarditis — 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ✓

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ✓

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Sept 1, 1955, that I last saw the deceased alive on Sept 1, 1955 and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE A. Snodgrass M. D. ADDRESS Darlington Md DATE SIGNED Sept 2-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Sept.4,1955 | NAME OF CEMETERY OR CREMATORY: Brookview Cem. | LOCATION (City, town, or county) (State): Near Rising Sun Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 3-55 | REGISTRAR'S SIGNATURE: L.M.Worthington

24. FUNERAL DIRECTOR: J.E. Dyson ADDRESS: Rising Sun. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08604

8605

CERTIFICATE OF DEATH

Reg. Dist. No. 9V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X RURAL - ELKTON
LENGTH OF STAY (in this place): 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL X
STREET ADDRESS (If rural give location): ELKTON RD # 4 1

3. NAME OF DECEASED: (First) DELILIAH (Middle) (Last) HOLLAND

4. DATE OF DEATH: (Month) SEPT. (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 13, 1870

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS REATH

14. MOTHER'S MAIDEN NAME: MARY LAMB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: NELSON HOLLAND ELKTON, Md RFD # 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.2 (a) Chronic Myocarditis — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Senility

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Sept 28, 1955, that I last saw the deceased alive on 9/26, 1955, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jno H Kennedy MD ADDRESS: Elkton Md DATE SIGNED: 9/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: OCT. 1, 1955 NAME OF CEMETERY OR CREMATORY: SHARPS CEM. LOCATION (City, town, or county) (State): FAIR HILL Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 29 REGISTRAR'S SIGNATURE: H B Frazer

24. FUNERAL DIRECTOR: R.T. Jones ADDRESS: Newark, Del

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08605

CERTIFICATE OF DEATH

86^6 Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 7Yrs,8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 03X-2
STREET ADDRESS (If rural give location) 1016 Sumter Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T. (Last) Johnson

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5-12-95
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Johnson
14. MOTHER'S MAIDEN NAME: Maggie Hoffstetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 213-03- 1855
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X
IMMEDIATE CAUSE (A) Pneumonia, Bronchial, Bilateral, unresolved. — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

DUE TO

ANTECEDENT CAUSE (B) Tuberculosis, moderately advanced, active. — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized. — Unknown

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 1/13/..., 1948, to 9/10/..., 19..55 that I last saw deceased alive on ... and that death occurred at 11:30 M, from the causes and on the date stated above.

SIGNATURE W. M. Harris, MD, Acting Chief, Prof. Services
ADDRESS
DATE SIGNED 9/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal 9-10-55
DATE THEREOF 9/10/55
NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.
LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 9/11/55
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Bel Air Road Baltimore, Md.
Lassahn funeral home

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08606

8590

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil. 21
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Lane. Elkton. Md
STREET ADDRESS (If rural, give location) Locust Lane

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Jean (Last) Leffler
4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	Wh.	Widowed	Feb 5, 1879	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife.
11. BIRTHPLACE (State or foreign country): Cecil Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. Jean
14. MOTHER'S MAIDEN NAME: Mary Ennis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Osbonne Reynolds Phenox, Ariz.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 442X Pulmonary Edema — 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio vascular renal — 10 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 25, to 9/11, 19 55, that I last saw the deceased alive on 9/11, 19 55, and that death occurred at 405 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Bates, M.D. ADDRESS Elkton Md DATE SIGNED 9/11/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 13/55	Elkton Cem.	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 13	H.H. Frazer	Pippen Funeral Home	Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08607

8591

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) RFD #3.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) D. (Last) Lowry

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 17 1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver

10B. KIND OF BUSINESS OR INDUSTRY: Weaver at Baldwin & Co.

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lowry

14. MOTHER'S MAIDEN NAME: Bessie Goff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-03-8762

17. INFORMANT & ADDRESS: Anna Dempsey Lowry Elkton RD3 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Massive myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X

(B) DUE TO Coronary artery Thrombosis — 24 hours.

(C) DUE TO Arteriosclerotic, Hypertensive heart disease — 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1955, to 9-21, 1955, that I last saw the deceased alive on 9-21, 1955, and that death occurred at 1:50 A M, from the causes and on the date stated above.

SIGNATURE Peter Hanks M.D. ADDRESS Elkton, Md. DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 24, 1955 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) Cherry Hill Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR Sept 22 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Joseph A Grant ADDRESS North East Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08608

867

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 18yrs.5mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY 75x-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pittsburgh, S. Hills P.O.
STREET ADDRESS (If rural give location) 552 Crestling Drive

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) NMI (Last) MC ABEE

4. DATE OF DEATH (Month) (Day) (Year) September 10 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 6-14-98
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Agent
10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland Railroad
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Pneumonia, lobar, bilateral, unresolved	36 to 72 hrs
DUE TO		
ANTECEDENT CAUSE (B)	Arteriosclerotic heart disease	unknown
DUE TO		
(C)	Tuberculosis, pulmonary, bilateral, inactive	unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

002X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1937, to 9-10, 1955, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services, M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 9-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 9-14-55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/22/55
REGISTRAR'S SIGNATURE Lida M. Daugherty
24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

8608

08609
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A Union Hospital Elkton Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ignatius (Middle) (Last) Ortynsky

4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 8-10-1918

9. AGE last birthday: 37 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Ortynsky.

14. MOTHER'S MAIDEN NAME: Mary Chicosky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-32-4790

17. INFORMANT'S ADDRESS: Louis Ortynsky, Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Acute Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Diabetes — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept 24, 1955

NAME OF CEMETERY OR CREMATORY St. Roses Cemetery

LOCATION (City, town, or county) (State) Chesapeake City Md.

DATE REC'D BY LOCAL REG. Sept 24 1955

REGISTRAR'S SIGNATURE Ina Gaskill A. Reg.

24. FUNERAL DIRECTOR Pippin Funeral Home

ADDRESS Elkton, Md

By D.H.P.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08610

8592

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp. 65 21

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 21 /

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Penn

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 18, 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Phila, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Information.

14. MOTHER'S MAIDEN NAME: No Information.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.1

IMMEDIATE CAUSE (A) Gangrene Terminal Ileum — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Obstructive Adhesions. ?

(C) DUE TO Old ruptured Appendix ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/9/55.

19B. MAJOR FINDINGS OF OPERATION: Gangrene Ileum from obstruction

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1955, to 9/10, 1955, that I last saw the deceased alive on 9/9, 1955, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE John A. Finken M. D. ADDRESS Elkton, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal

DATE THEREOF: Sept 10, 1955

NAME OF CEMETERY OR CREMATORY: Anatomical Board

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR: Sept 12

REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Peppers Funeral Home

ADDRESS: Elkton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

86-9

08611
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Perry Point
LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) EDDIE (Middle) C. (Last) PETTY

4. DATE OF DEATH (Month) (Day) (Year): September 26 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-11-12

9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Kitchen Helper

10b. KIND OF BUSINESS OR INDUSTRY: V.A.Hospital

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gee Petty

14. MOTHER'S MAIDEN NAME: Lou Barksdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.3

Immediate cause (a) Hemorrhage, subarachnoid, base of brain — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Edema and congestion of the lungs, bilateral

DUE TO

(c) Cardiac Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY — **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9-26-55 — NAME OF CEMETERY OR CREMATORY: County Line Baptist Church — LOCATION (City, town, or county) (State): Halifax, Virginia

DATE REC'D BY LOCAL REG. 9-27-55 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, Havre de Grace, Md.

8610

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08612

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) 20yrs.2Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DISTRICT OF COLUMBIA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47X-3
STREET ADDRESS (If rural give location) Apt. 101, 3018 Porter Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) ARTHUR (Last) RANKE

4. DATE OF DEATH: (Month) (Day) (Year) September 8 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 30,1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Research
10B. KIND OF BUSINESS OR INDUSTRY: Civilian-USN
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PETER G. RANKE
14. MOTHER'S MAIDEN NAME: ANNA McDONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) S.A.W.
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Pneumonia, bronchial, right, unresolved	4 to 5 days
ANTECEDENT CAUSE (B) DUE TO	Coronary sclerosis, severe	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO		

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, severe — unknown

19A. DATE OF OPERATION: 7-19-55
19B. MAJOR FINDINGS OF OPERATION: Excision of left submaxillary gland mass. (Carcinoma)
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.6, , 1935, to Sept. 8, 1955, that I last saw the deceased alive on [illegible] 19 , and that death occurred at 6:25 PM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M.D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 9-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF 9-9-55
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 9-9-55
REGISTRAR'S SIGNATURE Irene E. Dunaghy
24. FUNERAL DIRECTOR ADDRESS PERRINGTON & SON, Havre DeGrace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08613

8593

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 UNION HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (First) Herbert (Middle) A. (Last) Reynolds.

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 8-8-1890
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES REYNOLDS
14. MOTHER'S MAIDEN NAME: CHARLOTTE ALEXANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 211-18-1774
17. INFORMANT & ADDRESS: Geneva Reynolds North East Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic heart disease — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Adynamic ileus — 2 days.

19A. DATE OF OPERATION: 9/7/55
19B. MAJOR FINDINGS OF OPERATION: Left Inguinal Hernia, Indirect
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1955, to 9/13, 1955, that I last saw the deceased alive on 9/13, 1955, and that death occurred at 6:20 P M, from the causes and on the date stated above.

SIGNATURE John A. Fischer M. D. ADDRESS Elkton DATE SIGNED Sept 15

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 18-1955
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR Sept 16
REGISTRAR'S SIGNATURE J R Frazer
24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8594

08614

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 5 hrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil — CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton — STREET ADDRESS (If rural, give location) Dogwood Road.

3. NAME OF DECEASED: (Type or Print) (First) Clifford (Middle) L. (Last) Soule.

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-24-1910

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: Repair Saws

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Edsery Soule.

14. MOTHER'S MAIDEN NAME: Maud. Baker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 124-26-7719

17. INFORMANT & ADDRESS: Mrs. Maude Soule, Painted Post N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

916.0

Immediate cause (a) Second & third degree burns of entire body.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Elkton (County) Cecil (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9 30 55 12 noon

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Gas stove Exploded.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF Oct 3, 1955 — NAME OF CEMETERY OR CREMATORY West Caton Cemetery — LOCATION (City, town, or county) (State) Corning, N.Y.

DATE REC'D BY LOCAL REG. Oct 1 — REGISTRAR'S SIGNATURE F. B. Frazier

24. FUNERAL DIRECTOR Pippin Funeral Home — ADDRESS Elkton, Md.

By D. M. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08615

8595

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 65

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
STREET ADDRESS (If rural give location) 176 E Main 1

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) (Last) TAYLOR.

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 11.3.1883. | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Elkton Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emanuel Major | 14. MOTHER'S MAIDEN NAME: Emiline Rath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

475X IMMEDIATE CAUSE (A) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Acute pericarditis — 1 week

DUE TO (C) Uppus Respiratory Infection — 10 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pleurisy Left — 10 days

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.26, 1955, to 9.29, 1955, that I last saw the deceased alive on 9.29, 1955, and that death occurred at 2:30 A M, from the causes and on the date stated above.

SIGNATURE Peter Stamatis M. D. ADDRESS Elkton, Md. DATE SIGNED 9.29.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/2/1955 | NAME OF CEMETERY OR CREMATORY Elkton Cemetery | LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 29 | REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home W. C. Pippin ADDRESS 259 E. Main St Elkton Md.

8611

08616
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) Adopt
HOSPITAL OR INSTITUTION OR STREET ADDRESS Otsego

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) INDIA (Middle) A (Last) MITCHELL TAYLOR

4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 3-27-1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Harfordleo Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mitchell

14. MOTHER'S MAIDEN NAME: Sarah Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: George M. Kurtz, Rodgers Forge, Balto. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-13-1955

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. 9-12-1955

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Leva Patterson & Son

ADDRESS Perryville Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08617

8612

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place) 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW JERSEY COUNTY CAPE MAY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY 67x-3
STREET ADDRESS (If rural give location) 625 Pleasure Avenue

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) B (Last) THOMAS

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 12, 1927

9. AGE last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Hotels

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY THOMAS , SR.

14. MOTHER'S MAIDEN NAME: EULA McCOY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral, unresolved. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Malnutrition

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1955, to Sept. 24, 1955, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 6:50PM, from the causes and on the date stated above.

SIGNATURE J. C. GRASBERGER M.D., Acting, — ADDRESS Chief, Professional Services, VAH., Perry Point, Md. — DATE SIGNED 9-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL — DATE THEREOF 9-25-55 — NAME OF CEMETERY OR CREMATORY ? — LOCATION (City, town, or county) (State) Fort Lauderdale, Florida

DATE REC'D BY LOCAL REGISTRAR Sept 25 1955 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR [illegible] — ADDRESS 1304 N. Central Ave., JOSEPH G. LOCKS FUNERAL HOME, Baltimore, Md.

8613

08618 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) decape
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS RD3 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) JANE (Last) THOMPSON

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-8-1955

9. AGE last birthday: 3 mos.

IF UNDER 1 YEAR: Months 3 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cecil Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Ernain Thompson

14. MOTHER'S MAIDEN NAME: Freda Maxine Ferguson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Wm E Thompson Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 491X Acute Bronchial Pneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aspiration of Mucus. — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-20-1955

NAME OF CEMETERY OR CREMATORY Leeds Methodist

LOCATION (City, town, or county) (State) Leeds, Cecil Co. Md

DATE REC'D BY LOCAL REG. Sept 19

REGISTRAR'S SIGNATURE F R Frazier

24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

1065236351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08619

8614

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:
County: Cecil
City or town: x Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: 90 Morgan Nursing Home
How long in hospital or institution? 18 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Chesapeake City x
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: ELIZABETH JANE TRUSS

3.(b) Social Security Number: ? —

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Clarence Truss
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): April 10, 1882
8. AGE: Years 73 | Months | Days | If less than one day ... hrs. ... min.
9. Birthplace: Delaware
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER 12. Name: Thomas J. Buckworth
13. Birthplace
MOTHER 14. Maiden name: Sarah Rebecca Haynes
15. Birthplace
16. Informant: Mrs. Cooke
Address: Middletown, Del.
17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept 25 1955
(month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: nr. Chesapeake City, Md.
19. Funeral director: Piper's Funeral Home
Address: 259 E. Main St. Elkton, Md.
19 Sept 24 1955 Mrs Ralph H. Bell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22 1955 at 8:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1951, to Sept 21 1955
and that I last saw h... alive on Sept 20 1955

Immediate cause of death: Chronic Multiple Arthritis
DURATION: 10 years

Due to: 725X

Due to

Other conditions: 0
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Harry Davis MD
M. D. or other
Address: Chesapeake City Md. Date signed: 9/22/55

8615

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08620

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 9yrs.2mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Alabama — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Myrtlewood
STREET ADDRESS (If rural give location): RFD #1

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) J. (Last) TUCKER

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-30-1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 605X	(A) Cystitis gangrenous, due to proteus species	2 to 3 weeks
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arteriosclerosis generalized, severe — unknown

19A. DATE OF OPERATION: 8-1-55

19B. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA ☒ attended the deceased from 7-3, 1946 to 9-6, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 9:50 P.M., from the causes and on the date stated above.

SIGNATURE: W. Oppler
ADDRESS: VAH, Perry Point, Md.
DATE SIGNED: 9-8-55

W. OPPLER, Chief, Professional Services M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 9-8-55
NAME OF CEMETERY OR CREMATORY: National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-9-55
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08621

8616

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rising Sun Rural

LENGTH OF STAY (in this place): 36 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun Rural X

STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lillian (Last) Umberger

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 13, 1871

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ceres Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Wilson

14. MOTHER'S MAIDEN NAME: Missouri Huddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wm. Umberger Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebro vascular accident — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio sclerosis generalized — DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 55, to Sept 29, 1955, that I last saw the deceased alive on 9/29, 1955, and that death occurred at 5:20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Rising Sun Md 10/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 2 1955 — NAME OF CEMETERY OR CREMATORY: Brookview Cem. — LOCATION (City, town, or county) (State): Rising Sun Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 1, 1955 — REGISTRAR'S SIGNATURE: L. M. Worthington

24. FUNERAL DIRECTOR: J. E. Igoe — ADDRESS: Rising Sun. Md.